

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

(Use additional sheets where necessary for additional space)

| | | | | | | | | |
|---|---|------------|--|---|----------------|--------------------|--------------|-----------|
| HOSPITAL | Wasatch County Hospital | | | LOCATION | Heber City, UT | | DATE | 8/26/81 |
| IDENTIFYING INFORMATION | LAST NAME | FIRST NAME | INITIAL | BIRTHPLACE | | DATE OF BIRTH | | |
| | Kelly | Janet | R. | Omaha, Nebraska | | 2/14/47 | | |
| | OFFICE ADDRESS | | | CITY | STATE | ZIP CODE | AREA CODE | TELEPHONE |
| | UUMC 50 N. Medical DR | | | SLC | UT | 84132 | 801 | 581-5595 |
| | HOME ADDRESS | | | CITY | STATE | ZIP CODE | AREA CODE | TELEPHONE |
| | 900 S. Mill RD | | | Heber City | UT | 84032 | 801 | 654-3220 |
| CITIZENSHIP | | | MARITAL STATUS | | NAME OF SPOUSE | | | |
| USA | | | <input checked="" type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D | | Tracy Lane | | | |
| PRACTICE LIMITED TO | | | | | | | | |
| Family Practice | | | | | | | | |
| OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC. | | | | | | | | |
| Teaching and Research. | | | | | | | | |
| PRACTICING WITH WHOM AND NATURE OF AFFILIATION | | | | | | | | |
| Department of Family Medicine University of Utah | | | | | | | | |
| MEDICAL INFORMATION | ON SEPARATE SHEET, FURNISH DATE OF LAST PHYSICAL EXAMINATION, SIGNIFICANT FINDINGS, NAME OF PHYSICIAN AND/OR INSTITUTION WHERE PERFORMED, AND DATES AND CAUSES OF ALL HOSPITALIZATIONS FOR PAST FIVE YEARS. | | | | | | | |
| PREMEDICAL EDUCATION | COLLEGE OR UNIVERSITY | | | DEGREE | | HONORS | | |
| | Carroll College | | | BS | | cum laude | | |
| | ADDRESS | | | | | DATE OF GRADUATION | | |
| | Waukesha, WI | | | | | 1969 | | |
| MEDICAL EDUCATION | MEDICAL SCHOOL | | | DEGREE | | HONORS | | |
| | U of Illinois College of Medicine | | | MD | | | | |
| | ADDRESS | | | | | DATE OF GRADUATION | | |
| | Medical Center Chicago, IL | | | | | 1973 | | |
| INTERNSHIP | HOSPITAL | | ADDRESS | | | DATES | | |
| | U of OK Hosps & Clinics | | P O Box 25606 OK City OK 73125 | | | 1973-74 | | |
| | TYPE OF INTERNSHIP | | SPECIAL | | | | | |
| | Family Practice | | | | | | | |
| | PRACTITIONERS RESPONSIBLE FOR PERFORMANCE (CHIEF OF STAFF, CHAIRMEN OF DEPARTMENTS, OTHERS) | | | | | | | |
| | Dr. Norman Haug | | | | | | | |
| RESIDENCIES | FELLOWSHIPS, PRECEPTORSHIPS, TEACHING APPOINTMENTS, POSTGRADUATE EDUCATION (CHRONOLOGICAL ORDER: DATES, LOCATIONS, CHIEFS OF STAFF, CHAIRMEN OF DEPARTMENTS AND OTHER PRACTITIONERS RESPONSIBLE FOR PERFORMANCE) | | | | | | | |
| | LOCATION | | | | | | DATES | |
| | U of OK Family Med. Clinic 1600 N Phillips OK City OK 73125 | | | | | | 1974-76 | |
| | LOCATION | | | | | | DATES | |
| | LOCATION | | | | | | DATES | |
| | LOCATION | | | | | | DATES | |
| | LOCATION | | | | | | DATES | |
| CONTINUING MEDICAL EDUCATION | ON SEPARATE SHEET, LIST ALL POSTGRADUATE ACTIVITIES WHICH YOU HAVE ATTENDED, OR FOR WHICH YOU HAVE RECEIVED CREDIT IN THE PAST TWO YEARS. | | | | | | | |
| | FURNISH A LIST OF SCIENTIFIC PAPERS OR ESSAYS YOU HAVE WRITTEN, AND A LIST OF SCIENTIFIC MEETINGS YOU HAVE ATTENDED DURING PREVIOUS THREE YEARS (INCLUDE REPRINTS). | | | | | | | |
| AFFILIATIONS | PRESENT CAPACITY WITH THIS HOSPITAL | | | DATES | | | | |
| | LIST ALL PRESENT AND PREVIOUS HOSPITAL AFFILIATIONS AND MEDICAL STAFF MEMBERSHIPS, IN CHRONOLOGICAL ORDER (INCLUDE ASSISTANTSHIPS AND APPOINTMENTS). SPECIFY ALL DEPARTMENTS IN WHICH PRIVILEGES WERE EXERCISED AND NATURE AND EXTENT OF SUCH PRIVILEGES. | | | | | | | |
| | NAME AND LOCATION OF HOSPITAL | | | CAPACITY | | | DATES | |
| | U of OK Hospital | | | active staff physician | | | 1976-present | |
| | NAME AND LOCATION OF HOSPITAL | | | CAPACITY | | | DATES | |
| | U of OK Children's Memorial Hospital | | | courtesy staff | | | 1976-present | |
| NAME AND LOCATION OF HOSPITAL | | | CAPACITY | | | DATES | | |
| U of OK Department of Family Practice | | | Assistant clinical professor | | | | | |
| NAME AND LOCATION OF HOSPITAL | | | CAPACITY | | | DATES | | |
| U of UT Department of Family Practice | | | Fellow | | | 1981-present | | |
| DESCRIPTION OF PRACTICE | ON SEPARATE SHEET, GIVE NARRATIVE SUMMARY OF ALL PAST AND PRESENT MEDICAL PRACTICE INCLUDING OFFICE, CLINIC, HOSPITAL AND MILITARY. | | | | | | | |
| MEMBERSHIP IN PROFESSIONAL SOCIETIES | ARE YOU A MEMBER OF THE Salt Lake COUNTY MEDICAL ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| | DO YOU HAVE AN APPLICATION PENDING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| | DO YOU INTEND TO APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| | IF MEMBER PAST OR PRESENT OR APPLICANT TO OTHER COUNTY, STATE OR NATIONAL SOCIETY, GIVE NAME | | | | | | | |
| | OK County Medical Society | | | | | | | |
| FELLOWSHIP | AMERICAN COLLEGE OF | | | DATE | | | | |
| | Family Practice | | | 1978 | | | | |
| | AMERICAN COLLEGE OF | | | DATE | | | | |
| | MEMBER OF AMERICAN ACADEMY OF FAMILY PRACTICE? | | | DATE | | | | |
| | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | FELLOWSHIP IN OTHER SPECIALTY COLLEGES | | | | | | | |